

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 12, 2004.

## **I. DISPUTE**

Whether there should be reimbursement for CPT code 99214 rendered on 8/4/03.

## **II. RATIONALE**

Review of the requestor's request for reconsideration dated December 5, 2003 states, "...You state that the documentation does not support the level of service billed. We contend that the documentation does support the level billed. We are requesting reconsideration of this bill...."

The respondent did not submit a position statement.

Review of the carriers EOB with an audit date of 12/22/03 revealed that CPT code 99214 rendered on 8/4/03 was denied by the carrier as "TG-Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes; value per Rule 133.301 (B). A revised CPT code or documentation to support the service billed may be submitted."

Review of the requestors office visit note dated 8/4/03 meets the documentation criteria set forth by the Medical Fee Guidelines. According to the Medicare Fee Schedule for Tarrant County reimbursement is \$78.48 multiplied at 125% equals \$98.10. Therefore the requestor is entitled to reimbursement according to the Medicare Fee Schedule in the amount of \$98.10.

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99214 in the amount of **\$98.10**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$98.10** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19<sup>th</sup> day of March 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

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